Chat from Session six. Shifting the dial: health creating approaches to community mental health

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"This has been such a fantastic webinar. Thank you for such a thought provoking hour. I have to jump on a train so need to disconnect". Jade Ward, Centre for Dance Research

Links

https://www.recoverycoco.com/

https://stbasils.org.uk/wp-content/uploads/2019/10/1_PIEHLIN_CaseStudy_130_StBasilsPIE_v01.pdf

https://www.wecoproduce.com/

Jade Ward would be pleased to hear from anyone exploring creative methods in health research. wardj33@uni.coventry.ac.uk

Selection of comments

Amazing & shocking insights- thank you Suad

That was just amazing Suad, thank you so much for this talk and the work you're doing. This is a well needed challenge and so many important points and I appreciate your passion so much.

The patient is the only professional on what is happening to them, but it is up to the "professional" to inform their health carers. it really is a 2way street.

Thank you Suad - compassion and insight. Yes racism exist, discrimination exists, entrenched systemic discrimination exits. The importance of cultural sensitivity and language awareness.

Suad - thanks for sharing your work - really moved me to remember how the 1990's systemic racism in the mental health system is still there - solidarity sister - community led activism in action............thanks for very inspirational presentation.

Service user appears to have morphed into loved ones in the learning disabled community. This is also unhelpful. Everyone has a name!

Both speakers have clearly demonstrated the use of language as a systemic blocker when supporting people. Great stuff Suad and Alisdair.

I prefer to talk about individuals.

Wow! Not sure I am comfortable with the phrase 'shit life'. Life can be challenging and difficult but the varying social determinants of health don't have to equate to it being termed that way. It suggests that anything other than 'good/fixed' health is a deficit. Health should be considered on a sliding continuum, not a fixed point.

Sorry, didn't have time to explain that "Shit life syndrome" is quite a well-known term arising from an FT special report onto communities and health. Not my phrase   https://www.ft.com/blackpool

Semantic spaghetti and labels ………..wear as many labels or hats as one can manage to wear..........to get ones needs met is what I advocate!!! it does lead to a hot head at times though!!………….love your presentation Alisdair………..I am dreaming of a hat free head after hearing you talk!!

The language we use, identity politics, diagnostic overshadowing, political realm and NHS leadership reluctance, 1/168, NO TEC solutions! safe spaces and need to liberate people.

Fear has a lot to answer for. Position, income, job security in a tendering environment....I can understand how good people become a shadow in the machine.

O'Brian's 5 Accomplishments- Belonging, respect, sharing spaces, contribution, and choice. Have always influenced my work.

I agree Alasdair - everyone (at all levels) is trying to do their best. The existential instability is an issue for us all. but the constant is the people, the citizens, our communities.

I keep hearing the phrase 'we need to solve'. Perhaps a naïve comment (my limited experience in community work/research might be apparent), but I feel a shift away from trying to 'solve' and 'fix' people is needed. Isn't it more about supporting and facilitating people to have agency and take ownership? In my opinion, asset-based community development plays a big part in this paradigm shift.

Yes Suad! Jurgen Habermas called it 'colonization of the lifeworld'. Data is important, but our 'solutions' must come organically from the people and communities who live it.

Does the health and wider public services try to solve problems individually (expensively) when many things could be solved together if you have the right people in the room and the right dynamics in the relationships?

I think some of those hidden dynamics in relationships (between services, providers, people working in coproduction, etc. towards culture change) are often not addressed, it's what I'm focusing on in my research. We need to be able to talk about the uncomfortable.

We have to remember that service users help service providers..…………..whatever sector they are from..…….there are great opportunities to be had once we let go our professional status and think about what would we want if we were mentally unwell.

Absolutely. Give people room and space and they'll find answers, that's the human way. However we have to ensure that there isn't a mere transfer of responsibility without the necessary resource, or support.

Yes, absolutely. As a founding director of a rapid response hub in my community during the pandemic, we saw, firsthand, how dire the situation can be when we overly rely on the community/volunteers. There needs to be structured/professional support. Absolutely. Thank you for highlighting this important factor.

This has been such a fantastic webinar. Thank you for such a thought-provoking hour. I have to jump on a train so need to disconnect. Please contact me if you wish to continue any of these conversations with me personally. I am incredibly interested in exploring creative methods in health research. wardj33@uni.coventry.ac.uk.

We need to stop being led by process and use the process to support delivery!! Too much reliance on guidelines and the quote " we are not allowed"!

So many within the statutory sector are so risk adverse/process driven there is little room for creative solutions.

Sometimes NICE guidelines are totally out of date e.g. domestic abuse re asking direct questions ref ACAMH.

We need people with lived experience at ICS board level to ensure patient voice is heard in the co-design stages of processes..........I do a great deal for TEWVS Involvement and Engagement and one of the most important things to focus upon, in my opinion, is cross sector training for frontline staff............integrated care will only work when local authorities and VCSE have time to input into local place based meetings............people with lived experience voice need to be in the mix from the start not added later..........as per the guidance in the RETHINK mental illness guide and second guide..........I am trying to find links to share here and with the minutes.

Thank you Claire - this is so heartening. It is an unenviable task at national or CEO level. Could we look at something similar to the delegated tasks framework but for MH e.g. BDT for people who draw on care. Thank you for your honesty.

Humility for change needed in Grenfell and Brent - great case studies. and yes let´s influence policy. Contribute to MH plan. Love that you are working with Carol Black.

I think we also need to make sure we care for those working in our communities at whatever level to try and enact systems transformation and cultural change. It's hard work, and burnout is common, we must celebrate and care for our system and those working in it also - so they stick around and have the energy to drive this.

Concluding

Sorry have to leave now. Thanks for such an inspiring afternoon.

We need to have a follow up event to continue these conversations - if we can think about this please.

Apologies I need to go but this has been wonderful - and thank all the speakers. Happy to connect with anyone who wants to speak about system change, community mental health, creative research methods - samantha.goddard@yorksj.ac.uk. Have a lovely rest of the session all.

Thanks for everyone who has contributed to the meeting, sadly I need to leave now to attend another meeting 😊

Wonderful session- thanks THCA 😊

Thank you THCA and thank you everyone . My apologies I have to leave now

Thanks all for the conversation

Was amazing session

Thank you Everyone, really interesting

Thank you, another interesting session